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517.001: Overview

All MassHealth applicants and members must meet the requirements of this chapter (130 CMR 517.000) as a condition of eligibility.

517.002: Residence

(A) Requirements. As a condition of eligibility an applicant or member must:

- (1) live in the Commonwealth, with the intent to remain permanently or for an indefinite period, but is not required to maintain a permanent residence or fixed address; or
- (2) live in the Commonwealth at the time of application and have entered the Commonwealth with a job commitment, whether or not he or she is currently employed.

(B) Verification. Verification of residence is required only if there is conflicting or contradictory information regarding the applicant's or member's declared place of residence.

517.003: Residence of Institutionalized Individuals

(A) Placement by a Public Agency. An individual who has been placed in an institution or a foster care home in another state by a public agency of the Commonwealth shall be considered a resident of the Commonwealth. An individual placed in an institution or a foster care home in the Commonwealth by a public agency of another state shall be considered a resident of that state and not of the Commonwealth. If an individual who has been placed in an institution leaves the institution and is competent at the time of leaving, the individual's residence is determined by 130 CMR 517.002 or 517.003(B).

(B) Other Institutionalized Individuals. Residency for an institutionalized individual who has not been placed in the institution by a public agency is determined as follows:

- (1) If the individual is under the age of 21, is not married, and is not emancipated, or is aged 21 or older and became incapable of indicating intent before the age of 21, the individual's state of residence is the Commonwealth if:
 - (a) the residence of the parent, parents, or legal guardian at the time of placement is the Commonwealth, regardless of the physical location of the individual;
 - (b) the current residence of the parent, parents, or legal guardian who filed the application is the Commonwealth, and the individual is institutionalized in the Commonwealth;
 - (c) in the case of an individual aged 21 or older who became incapable of indicating intent before the age of 21, the current residence of a parent who filed the application is the Commonwealth, regardless of the physical location of the individual, if the parents reside in separate states; or

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(d) the current residence of the person or party filing the application is the Commonwealth, the individual is institutionalized in the Commonwealth, and the individual has been abandoned by his or her parents and does not have a legal guardian.

(2) If the individual is aged 21 or older and became incapable of indicating intent at or after age 21, the individual's state of residence is the Commonwealth if he or she is institutionalized in the Commonwealth.

(3) For any other institutionalized individual, the individual's state of residence is the Commonwealth if the individual intends to remain in the Commonwealth for an indefinite period.

517.004: Persons in Penal Institutions

Inmates of penal institutions may not receive MassHealth benefits except under one of the following conditions, if they are otherwise eligible for MassHealth:

(A) they are inpatients in a hospital, nursing facility, juvenile psychiatric facility, or intermediate-care facility for the mentally retarded; or

(B) they are residing outside of the penal institution, are on parole, probation, or home release, and are not returning to the institution for overnight stays.

517.005: Persons Institutionalized for Mental Disease

(A) Individuals under the age of 18 and those aged 65 or older who are patients in a public or private institution for mental disease may be eligible for MassHealth.

(B) Individuals who reach the age of 18 while they are patients in an institution for mental disease may be eligible for MassHealth until they reach age 22, provided they are disabled in accordance with Title XVI requirements.

(C) Individuals between the ages of 18 and 65 who are patients in public or private institutions for mental disease are not eligible for MassHealth, except as provided in 130 CMR 517.005(B). Such individuals may establish eligibility for MassHealth when entering an acute hospital from a public or private institution for mental disease if otherwise categorically and financially eligible.

517.006: Social Security Number

(A) Requirements.

(1) As a condition of eligibility for any MassHealth coverage type (except Limited), applicants and members must furnish a social security number (SSN). Applicants who do not have an SSN will be notified of their obligation to apply for one.

(2) The Division shall verify each applicant's SSN by a computer match with the Social Security Administration.

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(B) Right to Know Uses of Social Security Numbers. All applicants and members are given written notice of the following:

- (1) the reason the SSNs are requested;
- (2) the computer-matching of SSNs with SSNs in other personal data files within the Division, in other government agencies, and elsewhere; and
- (3) the possible denial or termination of benefits if any individual receiving or applying for benefits fails to provide his or her SSN.

517.007: Utilization of Potential Benefits

(A) An applicant or member must take all necessary steps to obtain benefits to which he or she is legally entitled or for which he or she may be eligible, unless he or she can show that doing so would put the applicant, member, or any of the applicant's or member's family members in harm by supplying information to the policyholder in cases where there is demonstrated necessity for restricting such access. Benefits under this provision include, but are not limited to:

- (1) Social Security benefits;
- (2) Railroad Retirement benefits;
- (3) federal Veterans' Administration benefits, including payment provided by the Veterans' Administration to purchase Aid and Attendance;
- (4) civil service annuities;
- (5) unemployment compensation;
- (6) workers' compensation;
- (7) state retirement benefits; and
- (8) any benefits to which the applicant or member is legally entitled and any share in any estate to which the applicant or member is entitled. Members are not required to maintain a health plan if its cost causes financial hardship to the member.

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(B) The applicant or member who is otherwise eligible for MassHealth will receive MassHealth benefits while claims for other benefits are pending provided that MassHealth eligibility is redetermined when such benefits are received.

(C) Applicants and members are not required to apply for TAFDC, EAEDC, SSI, or Massachusetts state veterans' service benefits as a condition of receiving MassHealth only.

517.008: Potential Sources of Health Care

The Division is payer of last resort and pays for health care and related services only when no other source of payment is available, except as otherwise required by federal law.

(A) Health Insurance. Every applicant and member must obtain and maintain health insurance available at no cost to the member including, but not limited to, Medicare and insurance purchased by the Division in accordance with 130 CMR 521.003. Failure to do so may result in loss of eligibility.

(B) Use of Benefits. The Division does not pay for any health-care and related services that are available:

(1) through the member's health insurance, if any; or

(2) at no cost to the member including, but not limited to, any such services that are available through any agency of the local, state, or federal government, or any entity legally obligated to provide those services.

517.009: Assignment of Rights to Medical Support and Third-Party Payments

(A) Every legally able applicant or member must assign to the Division his or her rights to medical support and third-party payments for medical services provided under MassHealth as well as the rights of those for whom he or she can legally assign medical support and third-party payments.

(B) The applicant or member must provide the Division with information to help pursue any medical support and source of third-party payment, including the absent parent, who is legally obligated to pay for care and services for the applicant or member, or individual on whose behalf benefits are requested, unless he or she can show good reason not to provide this information.

(C) Refusing to comply with the requirements of 130 CMR 517.009 will exclude the applicant or member from receipt of MassHealth benefits.

517.010: Assignment of Rights to Spousal Support

An institutionalized spouse whose community spouse refuses to cooperate or whose whereabouts is unknown will not be ineligible due to:

(A) assets determined to be available for the cost of care in accordance with 130 CMR 520.016(B); or

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(B) his or her inability to provide information concerning the assets of the community spouse when one of the following conditions is met:

- (1) the institutionalized spouse assigns to the Division any rights to support from the community spouse;
- (2) the institutionalized spouse lacks the ability to assign rights to spousal support due to physical or mental impairment as verified by the written statement of a competent medical authority; or
- (3) the Division determines that the denial of eligibility, due to the lack of information concerning the assets of the community spouse, would otherwise result in undue hardship.

517.011: Assignment for Third-Party Recoveries

As a condition of eligibility, an applicant or member must inform the Division when the individual or spouse is involved in an accident, or suffers from an illness or injury, or other loss that has or may result in a lawsuit or insurance claim. The applicant or member must:

- (A) file a claim for compensation; and
- (B) agree to comply with all requirements of M.G.L. c. 118E, §. 22 including, but not limited to:
 - (1) assigning to the Division the right to recover an amount equal to the MassHealth benefits provided from the proceeds of any claim or other proceeding against a third party;
 - (2) providing information about the claim or any other proceeding, and fully cooperating with the Division or its contractor, unless the Division determines that cooperation would not be in the best interests of, or would result in serious harm or emotional impairment to, the applicant or member;
 - (3) notifying the Division in writing within 10 days of filing any claim, civil action, or other proceeding; and
 - (4) repaying the Division from the money received from a third party for all MassHealth benefits provided on or after the date of the accident or other incident. However, if the member was involved in an accident or other incident after becoming eligible for MassHealth, only MassHealth benefits provided as a result of the accident or other incident will be repaid.